

EXHIBIT B



Pre-Anesthesia Evaluation

Procedure: RTTA Revision 540"PAT Vital Signs (date): 6-3-14 BP 150/90 HR 150 SpO₂ 100 RR 18 T 37.5Pre-Op Vital Signs (date): 6-3-14 BP 150/90 HR 150 SpO₂ 100 RR 18 T 37.5

- No Yes
- ☒ **Anesthesia Related Issues**
- ☐ Hx of Difficult Intubation ☐ Malignant Hyperthermia
- ☐ PONV ☐ Pseudocholinesterase Def

- No Yes
- ☒ **Respiratory Disease**
- ☒ Asthma (493) ☐ COPD ☐ CPAP
- ☐ Emphysema ☐ Obstructive Sleep Apnea
- ☐ Recent URI ☐ Supplemental Oxygen
- ☐ Tobacco Use ☐ Pack years 15
- ☐ Tuberculosis

- No Yes
- ☒ **Cardiovascular Disease**
- ☒ Hypertension ☐ Rx Taken Today?
- ☐ Ischemic Heart Disease ☐ Angina
- ☐ Hx Angioplasty ☐ Exercise Tol.
- ☐ Hx CABG ☐ NTG use
- ☐ Hx MI ☐ Hx Stent

- ☐ Valvular Disease
- ☐ MVP ☐ Pacemaker ☐ Defibrillator
- ☐ Dysrhythmia ☐ Congestive Heart Failure
- ☐ Cardiomyopathy
- ☐ Cardiac Tests
- ☐ Cardiolite ☐ Cath ☒ Echo ☐ Treadmill

- ☐ Peripheral Vascular Disease
- No Yes
- ☒ GERD ☐ Hiatal Hernia ☒ PUD
- No Yes
- ☒ Diabetes ☐ BS ☒ Wt
- ☐ Non-Insulin Dependent ☐ Insulin Dependent ☐ Diet-controlled

- No Yes
- ☒ **Renal Disease**
- ☐ Acute Renal Failure ☐ Renal Insuff
- ☐ Current Dialysis ☐ Chronic Renal Failure
- ☐ Last Dialysed

- No Yes
- ☒ **Hepatic Disease**
- ☐ Alcohol/Drug Use ☐ Cirrhosis ☐ Hepatitis

- No Yes
- ☒ **Thyroid Disease**
- ☐ Hyper ☐ Hypo

- No Yes
- ☒ **CNS Disease**
- ☐ Alzheimer's Dz. ☒ Anxiety
- ☐ CVA/TIA ☐ Dementia
- ☐ Epilepsy/Seizure Hx ☐ Paralysis
- ☐ Syncope

- No Yes
- ☒ **Musculoskeletal Disease**
- ☐ Chronic Pain ☐ MS
- ☐ RA ☐ Other Ankle retractor

- No Yes
- ☒ **Hematological Disease**
- ☐ Bleeding/Clotting Disorder
- ☐ Acute Chronic Anemia ☐ Sickle Cell Disease/Trist
- ☐ HIV

- No Yes
- ☒ **Pregnancy**
- ☐ HCG

- No Yes
- ☐ Medical Clearance on Chart

Allergies ☐ NKDA ☐ NKFA ☐ LATEXSensitivity Aspirin - GI upsetMeds errorClonidineVenolium INHAmoxicillin p.o. @ 5007-123-172-0.9

FOR PATIENT TAKING BETA-BLOCKER

- No Yes
- ☐ Perioperative Beta-Blocker taken/received?

Past Surg. Hx RTTA Revision 540"

AIRWAY EVALUATION

- Oral Opening Adequate Marginal Poor
- Dental Good Poor Loose
- Pharynx Chipped Edentulous Prosthesis
- Neck ROM Adequate Marginal Poor
- MP 1 2 3 4 ☐ Potential difficult intubation

PHYSICAL EXAMINATION

- Chest CTA CXR
- CV NSR EKG: SE

NPO Since Mar

- Anesthesia Plan: GA MAC Epidural Spinal
- IVRA Nerve Block Art CVP
- Pain Management: Epidural Intrathecal Nerve Block

☒ I have discussed the risks of, benefits to, and alternatives for the planned anesthetic as well as the use of any planned blood products. I have answered all questions asked by the patient/guardian who agree with the plan and the potential use of blood or blood products. No guarantees have been made. Also, I have discussed the risks of, benefits to, and alternatives for the planned proposed post-operative pain management, including single and continuous nerve blocks if applicable.

MD DO Date 6/4/14 Time 0600

MD DO Date Time

RM/BED: LEACHMAN MICHAEL PT #: 0194721

ADM: WALDROP JOHN I NSV: SIP

SEX: M DOB: 06/17/ AGE: 55

06/04/14 00:00 MR #: 0000

Jack Hughston Memorial Hospital - Anesthesia Record

Date	06/14/14	OR#	5	Page	1	Diagnosis	Failed Hardwiring (2) THA	Procedure	(2) THA Revision & Lengthening
Allergies	ASA	HI 5'10" WL 160 lbs. ASA 2 General Spinal Epidural Regional Monitor Care Surgeon DeHendrop MD 1 MD 2 CRNA 1 Crystal Waters CRNA CRNA 2							
My initials below attest that my partners or I: Reassessed Pt. Immediately Prior to Induction Was Present for Induction Monitored Anesthetic Course Frequently Was Immediately Available Throughout Was Present for Emergence									
Time:	11:00 AM - 12:00 PM 12:00 PM - 1:00 PM 1:00 PM - 2:00 PM 2:00 PM - 3:00 PM 3:00 PM - 4:00 PM 4:00 PM - 5:00 PM 5:00 PM - 6:00 PM 6:00 PM - 7:00 PM 7:00 PM - 8:00 PM 8:00 PM - 9:00 PM 9:00 PM - 10:00 PM 10:00 PM - 11:00 PM 11:00 PM - 12:00 AM 12:00 AM - 1:00 AM 1:00 AM - 2:00 AM 2:00 AM - 3:00 AM 3:00 AM - 4:00 AM 4:00 AM - 5:00 AM 5:00 AM - 6:00 AM 6:00 AM - 7:00 AM 7:00 AM - 8:00 AM 8:00 AM - 9:00 AM 9:00 AM - 10:00 AM 10:00 AM - 11:00 AM 11:00 AM - 12:00 PM								
O ₂ N ₂ Air	100% 100% 100% 100% 100% 100% 100% 100% 100% 100%								
Medazolam	2mg 2mg 2mg 2mg 2mg 2mg 2mg 2mg 2mg 2mg								
Sevo	100% 100% 100% 100% 100% 100% 100% 100% 100% 100%								
Prop. Elom.	100% 100% 100% 100% 100% 100% 100% 100% 100% 100%								
CRNA	100% 100% 100% 100% 100% 100% 100% 100% 100% 100%								
Atropine	1mg 1mg 1mg 1mg 1mg 1mg 1mg 1mg 1mg 1mg								
Neostig	1mg 1mg 1mg 1mg 1mg 1mg 1mg 1mg 1mg 1mg								
N.M.T. TolPTC	100% 100% 100% 100% 100% 100% 100% 100% 100% 100%								
Urine	100% 100% 100% 100% 100% 100% 100% 100% 100% 100%								
EBL	100% 100% 100% 100% 100% 100% 100% 100% 100% 100%								
EKG Leads II/VS	100% 100% 100% 100% 100% 100% 100% 100% 100% 100%								
SpO ₂	100% 100% 100% 100% 100% 100% 100% 100% 100% 100%								
ETCO ₂	100% 100% 100% 100% 100% 100% 100% 100% 100% 100%								
FIO ₂	100% 100% 100% 100% 100% 100% 100% 100% 100% 100%								
Temp	100% 100% 100% 100% 100% 100% 100% 100% 100% 100%								
Entropy	100% 100% 100% 100% 100% 100% 100% 100% 100% 100%								
PR ID, Timeout	100% 100% 100% 100% 100% 100% 100% 100% 100% 100%								
BP, sub. EKG, Pulse Ox	100% 100% 100% 100% 100% 100% 100% 100% 100% 100%								
MMAANDS	100% 100% 100% 100% 100% 100% 100% 100% 100% 100%								
Pressure Pts peddled	100% 100% 100% 100% 100% 100% 100% 100% 100% 100%								
Neural	100% 100% 100% 100% 100% 100% 100% 100% 100% 100%								
Armband R L	100% 100% 100% 100% 100% 100% 100% 100% 100% 100%								
Arms tucked R	100% 100% 100% 100% 100% 100% 100% 100% 100% 100%								
supine, prone, lateral	100% 100% 100% 100% 100% 100% 100% 100% 100% 100%								
Pre O ₂ intubation	100% 100% 100% 100% 100% 100% 100% 100% 100% 100%								
Difficult	100% 100% 100% 100% 100% 100% 100% 100% 100% 100%								
RSI CP	100% 100% 100% 100% 100% 100% 100% 100% 100% 100%								
OETT: 8.0, 7.0, 8.0, 4.0	100% 100% 100% 100% 100% 100% 100% 100% 100% 100%								
Easy: Miller, MAC, Phos	100% 100% 100% 100% 100% 100% 100% 100% 100% 100%								
BSSE, Airway, ETCOP	100% 100% 100% 100% 100% 100% 100% 100% 100% 100%								
Teeth, tongue OK, Int. Ext.	100% 100% 100% 100% 100% 100% 100% 100% 100% 100%								
LMA 2 2 1/2 3 4 5	100% 100% 100% 100% 100% 100% 100% 100% 100% 100%								
Eyes paper taped, P loss	100% 100% 100% 100% 100% 100% 100% 100% 100% 100%								
of lid reflex, Lacri-Lube	100% 100% 100% 100% 100% 100% 100% 100% 100% 100%								
Hair Nipper Crown	100% 100% 100% 100% 100% 100% 100% 100% 100% 100%								
Extubation, Suction	100% 100% 100% 100% 100% 100% 100% 100% 100% 100%								
Thermomem	100% 100% 100% 100% 100% 100% 100% 100% 100% 100%								

12:00 PM - 1:00 PM

12:00 PM - 1:00 PM - Crystal Waters CRNA signing last book out at 12:00 PM

 RM/BED: 325
 LEACHMAN MICHAEL
 ADM: WALDROP JOHN I
 SEX: M DOB: 06/17/06/04/14 00:00
 PT #: 0194721
 HSV: SIP
 AGE: 55
 MR #: 00004




Post-Anesthesia Note

<p>DO NOT USE: U, IU, MS, MSO₄, MgSO₄, QD, QOD, trailing zeros, leading decimal points (always use leading zero)</p>	<p>Allergies: <u>ASA</u></p>
<p>Type of Surgical Procedure: <u>② THA Revision</u></p>	
<p>Type of Anesthesia: <input checked="" type="checkbox"/> General - ET <input type="checkbox"/> General - LMA <input type="checkbox"/> General - MASK <input type="checkbox"/> Spinal <input type="checkbox"/> Epidural</p> <p><input type="checkbox"/> Femoral N. Block <input type="checkbox"/> IV Regional <input type="checkbox"/> MAC <input type="checkbox"/> Brachial Plexus Block <input type="checkbox"/> Ankle Block</p> <p><input type="checkbox"/> Other: _____</p>	
<p>Patient able to participate in post-anesthesia evaluation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other: _____</p>	
<p>Vital Signs: BP <u>141/65</u> HR <u>61</u> SpO₂ <u>100</u> RR <u>16</u> Temp <u>97.5</u></p>	
<p>Respiratory: Airway Patent → <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other: _____</p>	
<p>Cardiovascular Status: <input checked="" type="checkbox"/> Stable <input type="checkbox"/> Other: _____</p>	
<p>Neurological: <input checked="" type="checkbox"/> Baseline <input type="checkbox"/> Other: _____</p>	
<p>Pain: <input type="checkbox"/> Controlled <input type="checkbox"/> Other: _____</p>	
<p>Nausea/Vomiting: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
<p>Post-Op Hydration: <input checked="" type="checkbox"/> Adequate <input type="checkbox"/> Other: _____</p>	
<p>Discharge Instructions / Post-Anesthesia Evaluation</p> <p><input checked="" type="checkbox"/> No anesthesia related problems, complications, or complaints. Discharge from PACU.</p> <p><input type="checkbox"/> Further Evaluation Required</p> <p><input type="checkbox"/> Discharge to higher level of care than originally planned: _____</p>	
<p>Physician Signature: <u>[Signature]</u> Date: <u>6-5-14</u> Time: <u>1630</u></p>	

325

RM/BED: 1
LEACHMAN MICHAEL
ADM: WALDROP JOHN I
SEX: M DOB: 06/17/ AGE: 55
06/04/14 00:00 MR #: 00004
PT #: 0194721
HSV: SIP
RECEIVED: 06/04/14 00:00



Post-Anesthesia Note

DO NOT USE: U, IU, MS, MSO₄, MgSO₄, QD, QOD, trailing zeros, leading decimal points (always use leading zero)

Allergies:

ASA

Type of Surgical Procedure:

⑫ THA Revision

Type of Anesthesia:

☒ General - ET
 ☐ General - LMA
 ☐ General - MASK
 ☐ Spinal
 ☐ Epidural

☐ Femoral N. Block
 ☐ IV Regional
 ☐ MAC
 ☐ Brachial Plexus Block
 ☐ Ankle Block
☐ Other:Patient able to participate in post-anesthesia evaluation: ☒ Yes ☐ No ☐ Other:Vital Signs: BP 143/74 HR 58 SpO₂ 100 RR 20 Temp 97.9Respiratory: Airway Patent → ☒ Yes ☐ No ☐ Other:Cardiovascular Status: ☒ Stable ☐ Other:Neurological: ☒ Baseline ☐ Other:Pain: ☒ Controlled ☐ Other:Nausea/Vomiting: ☐ Yes ☒ NoPost-Op Hydration: ☒ Adequate ☐ Other:

Discharge Instructions / Post-Anesthesia Evaluation

☒ No anesthesia related problems, complications, or complaints. Discharge from PACU.☐ Further Evaluation Required☐ Discharge to higher level of care than originally planned:

Physician Signature:

Date:

6/4/14

Time:

1506





Record Certification and Notary

Jack Hughston Memorial Hospital Use Only

The undersigned certifies Margaret Russell, hereby certifies that he/she is a representative of Russell County Community Hospital, LLC d/b/a Jack Hughston Memorial Hospital, and hereby certifies that the attached records consisting of 4 pages are true, correct and accurate copies of those records maintained by Russell County Community Hospital, LLC designated as the medical chart pertaining to Michael Leachman for care and treatment rendered June 4-7, 2014.

This undersigned, _____ further certifies that the attached disk(s) includes the following radiological images: (see attached list) and that said images are true, correct and accurate copies of those images maintained by Russell County Community Hospital, LLC as part of the medical chart pertaining to _____ for care and treatment rendered between _____.

The undersigned, Margaret Russell, hereby certifies that the attached records are maintained under my care, custody, and control, and that these records are kept and maintained in the usual and ordinary course of the business of Russell County Community Hospital, LLC.

This 17 day of June, 2014.

Sworn to and subscribed before me

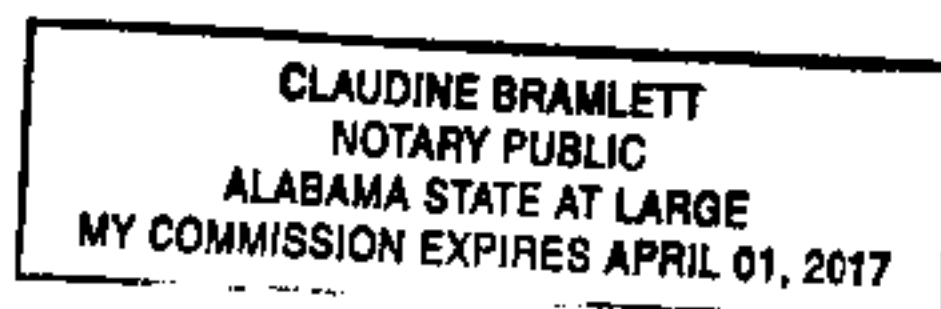
this 17 day of June,
2014.

By: _____

(custodian)

Title: Director HIM

Chl Bht
NOTARY PUBLIC
My Commission Expires 4/1/17



DEMAND BILL

JACK HUGHSTON MEMORIAL
4401 RIVER CHASE DRIVE
PHENIX CITY AL
36867
334-732-3000

PATIENT NAME
LEACHMAN MICHAEL

ACCOUNT NO.
19 [REDACTED]

ADMIT DATE 6/04/14
DIS. DATE 6/07/14

PAGE
1

42894 GUARANTOR NAME/ADDR.
LEACHMAN MICHAEL
705 WEST 48TH STREET
SAVANNAH GA 31405

F/C INS. CO/PLANS POLICY #
M MEDICARE A&B 25306 [REDACTED]
MEDICAID GEORGI 11190294 [REDACTED]

AGE
55

DR. NAME
WALDROP JOHN I

CHRG CODE	DESCRIPTION	QTY	UNIT PRICE	AMOUNT	CPT CODE
6/04/14 3091000	R&B M/S 3RD FLR	1	680.00	680.00	
6/05/14 3101000	R&B M/S 4TH FLR	1	680.00	680.00	
6/06/14 3101000	R&B M/S 4TH FLR	1	680.00	680.00	
6/04/14 4002094	TOTAL JOINT REVISION	1	33250.00	33250.00	C1776
6/04/14 4001404	OR 1ST HR	1	3433.00	3433.00	SURG
6/04/14 4001405	OR 15MIN	6	858.00	5148.00	SURG
6/04/14 4005804	DRESSING AQUACEL	1	95.30	95.30	
6/04/14 4428365	IV .9% SOD/CLOR IRRG	1	19.00	19.00	
6/04/14 4106211	RECOVERY ROOM 1 HOUR	1	453.00	453.00	
6/04/14 4106212	RECOVERY RM Q 15MIN	1	113.00	113.00	
6/04/14 4115001	ANES.GEN 1ST HOUR	1	906.00	906.00	
6/04/14 4115002	ANES.GEN Q 15MIN	7	227.00	1589.00	
6/04/14 4115045	SET EXTENSION	1	8.00	8.00	
6/04/14 4115047	STETHOSCOPE ESOPH	1	6.00	6.00	
6/04/14 4115049	TRAY SPINAL	1	74.43	74.43	
6/04/14 4158067	KR HIP OPERATIVE RT	1	300.00	300.00	73530 RT
6/04/14 4303001	ABO BLOOD TYPE	1	52.00	52.00	86900
6/04/14 4303003	ANTIBODY SCRIN RBC EA	1	87.00	87.00	86850
6/04/14 4303022	BLOOD TYPE, RH	1	40.00	40.00	86901
6/04/14 4304046	GRAM STAIN	1	44.00	44.00	87205
6/04/14 4304307	CULT. ROUTINE	1	112.00	112.00	87070
6/04/14 4304308	CULTURE ANAEROBIC, E	1	94.00	94.00	87075
6/04/14 4306857	VENIPUNCTURE	1	14.00	14.00	36415
6/05/14 4302021	HEMATOCRIT	1	44.00	44.00	85014
6/05/14 4302024	HEMOGLOBIN	1	44.00	44.00	85018
6/05/14 4306857	VENIPUNCTURE	1	14.00	14.00	36415
6/06/14 4302021	HEMATOCRIT	1	44.00	44.00	85014
6/06/14 4302024	HEMOGLOBIN	1	44.00	44.00	85018
6/06/14 4306857	VENIPUNCTURE	1	14.00	14.00	36415
6/07/14 4302021	HEMATOCRIT	1	44.00	44.00	85014
6/07/14 4302024	HEMOGLOBIN	1	44.00	44.00	85018
6/07/14 4306857	VENIPUNCTURE	1	14.00	14.00	36415
6/04/14 4400058	ZOFAN 2MG/ML	4	13.38	53.52	J2405
6/04/14 4400069	TRANEXA 1000MG/10ML	1	89.50	89.50	
6/04/14 4400069	TRANEXA 1000MG/10ML	1	89.50	89.50	
6/04/14 4400073	VANCOMYCIN HCL 1GM	2	65.00	130.00	J3370
6/04/14 4400253	DEXAMETHASONE 4MG/ML	4	5.00	20.00	J1094

DEMAND BILL

JACK HUGHSTON MEMORIAL
4401 RIVER CHASE DRIVE
PHENIX CITY AL
36867
334-732-3000

PATIENT NAME	ACCOUNT NO.	ADMIT DATE	DIS. DATE	PAGE
LEACHMAN MICHAEL	194782	6/04/14	6/07/14	2

42894 GUARANTOR NAME/ADDR.	F/C	INS. CO/PLANS	POLICY #
LEACHMAN MICHAEL	M	MEDICARE A&B	25306
705 WEST 48TH STREET		MEDICAID GEORGI	11190294
SAVANNAH GA 31405			

AGE

55

DR. NAME

WALDROP JOHN I

CHRG CODE	DESCRIPTION	QTY	UNIT PRICE	AMOUNT	CPT CODE
6/04/14 4400263	DIPRIVAN 200MG/20ML	1	20.00	20.00	J3490
6/04/14 4400273	EPHEDRINE 50MG/ML	1	25.00	25.00	
6/04/14 4400281	FENTANYL 250MCG	2	25.00	50.00	J3010
6/04/14 4400296	GLYCOPYR 0.4MG/2ML	3	20.00	60.00	
6/04/14 4400334	KETAMINE 500MG/10ML	1	34.75	34.75	
6/04/14 4400374	BUPIV/EPI 0.25/1:200	2	29.00	58.00	
6/04/14 4400404	NEOSTIGMINE 1MG/ML I	1	20.00	20.00	
6/04/14 4400430	PONTOCAINE 1% INJ	1	27.25	27.25	
6/04/14 4400498	KETOROLAC 30MG	2	20.00	40.00	J1885
6/04/14 4400498	KETOROLAC 30MG	2	20.00	40.00	J1885
6/04/14 4400498	KETOROLAC 30MG	2	20.00	40.00	J1885
6/04/14 4400509	MIDAZOLAM 2MG INJ	2	25.00	50.00	J2250
6/04/14 4400599	LACTATED RINGERS	1	40.00	40.00	
6/04/14 4400794	CELEBREX 200MG CAP	1	15.75	15.75	A9270 GY
6/04/14 4400967	DOCUSATE SOD 100MG	1	6.00	6.00	A9270 GY
6/04/14 4401186	MAG/AL PLUS 30ML UD	1	6.00	6.00	A9270 GY
6/04/14 4401279	ROCURONIUM 5ML	1	72.25	72.25	
6/04/14 4401287	GABAPENTIN 300MG CAP	1	6.00	6.00	A9270 GY
6/04/14 4401287	GABAPENTIN 300MG CAP	1	6.00	6.00	A9270 GY
6/04/14 4401473	PROTONIX 40MG TAB	1	18.25	18.25	A9270 GY
6/04/14 4402053	OKYCODONE/ACETAMIN	1	7.15	7.15	A9270 GY
6/04/14 4408068	CEFAZOLIN/DEXTROSE	4	40.00	160.00	J0690
6/04/14 4408090	LIDOCAINE 1% 10ML	1	6.00	6.00	
6/04/14 9999999	NO CHARGE	1		.00	
6/05/14 4400360	LOVENOX 40MG/0.4ML	4	97.50	390.00	J1650
6/05/14 4400498	KETOROLAC 30MG	2	20.00	40.00	J1885
6/05/14 4400498	KETOROLAC 30MG	2	20.00	40.00	J1885
6/05/14 4400498	KETOROLAC 30MG	2	20.00	40.00	J1885
6/05/14 4400599	LACTATED RINGERS	1	40.00	40.00	
6/05/14 4400599	LACTATED RINGERS	1	40.00	40.00	
6/05/14 4400794	CELEBREX 200MG CAP	1	15.75	15.75	A9270 GY
6/05/14 4400967	DOCUSATE SOD 100MG	1	6.00	6.00	A9270 GY
6/05/14 4400977	LACTULOSE 20GM/30ML	1	12.00	12.00	A9270 GY
6/05/14 4400977	LACTULOSE 20GM/30ML	1-	12.00	12.00CR	A9270 GY
6/05/14 4401186	MAG/AL PLUS 30ML UD	1	6.00	6.00	A9270 GY
6/05/14 4401287	GABAPENTIN 300MG CAP	1	6.00	6.00	A9270 GY
6/05/14 4401287	GABAPENTIN 300MG CAP	1	6.00	6.00	A9270 GY

DEMAND BILL

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PAGE
3

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SAVANNAH GA 31405

F/C INS. CO/PLANS POLICY #
M MEDICARE A&B 25306 [REDACTED]
MEDICAID GEORGI 11190294 [REDACTED]

AGE
55

DR. NAME
WALDROP JOHN I

CHRG CODE	DESCRIPTION	QTY	UNIT PRICE	AMOUNT	CPT CODE
6/05/14 4401287	GABAPENTIN 300MG CAP	1	6.00	6.00	A9270 GY
6/05/14 4401473	PROTONIX 40MG TAB	1	18.25	18.25	A9270 GY
6/05/14 4402053	OXYCODONE/ACETAMIN	1	7.15	7.15	A9270 GY
6/05/14 4402053	OXYCODONE/ACETAMIN	1	7.15	7.15	A9270 GY
6/05/14 4402053	OXYCODONE/ACETAMIN	1	7.15	7.15	A9270 GY
6/05/14 4402053	OXYCODONE/ACETAMIN	1	7.15	7.15	A9270 GY
6/05/14 4402053	OXYCODONE/ACETAMIN	1	7.15	7.15	A9270 GY
6/05/14 4402053	OXYCODONE/ACETAMIN	1	7.15	7.15	A9270 GY
6/05/14 4408076	CEFAZOLIN/DEXTROSE	2	25.00	50.00	J0690
6/05/14 4400360	LOVENOX 40MG/0.4ML	4	97.50	390.00	J1650
6/05/14 4400498	KETOROLAC 30MG	2	20.00	40.00	J1885
6/05/14 4400794	CELEBREX 200MG CAP	1	15.75	15.75	A9270 GY
6/05/14 4400835	CLONIDINE 0.1MG TAB	1	6.00	6.00	A9270 GY
6/05/14 4400967	DOCUSATE SOD 100MG	1	6.00	6.00	A9270 GY
6/05/14 4400977	LACTULOSE 20GM/30ML	1	12.00	12.00	A9270 GY
6/05/14 4400977	LACTULOSE 20GM/30ML	1	12.00	12.00	A9270 GY
6/05/14 4401186	MAG/AL PLUS 30ML UD	1	6.00	6.00	A9270 GY
6/06/14 4401287	GABAPENTIN 300MG CAP	1	6.00	6.00	A9270 GY
6/06/14 4401287	GABAPENTIN 300MG CAP	1	6.00	6.00	A9270 GY
6/06/14 4401287	GABAPENTIN 300MG CAP	1	6.00	6.00	A9270 GY
6/06/14 4401473	PROTONIX 40MG TAB	1	18.25	18.25	A9270 GY
6/06/14 4402053	OXYCODONE/ACETAMIN	1	7.15	7.15	A9270 GY
6/06/14 4402053	OXYCODONE/ACETAMIN	1	7.15	7.15	A9270 GY
6/06/14 4402053	OXYCODONE/ACETAMIN	1	7.15	7.15	A9270 GY
6/07/14 4400360	LOVENOX 40MG/0.4ML	4	97.50	390.00	J1650
6/07/14 4400794	CELEBREX 200MG CAP	1	15.75	15.75	A9270 GY
6/07/14 4400977	LACTULOSE 20GM/30ML	1	12.00	12.00	A9270 GY
6/07/14 4401287	GABAPENTIN 300MG CAP	1	6.00	6.00	A9270 GY
6/07/14 4402053	OXYCODONE/ACETAMIN	1	7.15	7.15	A9270 GY
6/07/14 4402053	OXYCODONE/ACETAMIN	1	7.15	7.15	A9270 GY
6/07/14 4402053	OXYCODONE/ACETAMIN	1	7.15	7.15	A9270 GY
6/04/14 4420003	DVT CALF CUFF	1	31.90	31.90	
6/04/14 4421167	LS LF PRIM CP W/BRCK	1	16.00	16.00	
6/04/14 4421169	LS LF PRIMARY PLUMST	1	15.00	15.00	
6/04/14 4421299	LACTATED RINGER 1000	1	4.00	4.00	
6/04/14 4421299	LACTATED RINGER 1000	2	4.00	8.00	
6/04/14 4421302	9% SOD CHL 1000ML	2	4.00	8.00	
6/04/14 4421311	9% SOD CHL INF 250ML	1	3.00	3.00	

DEMAND BILL

JACK HUGHSTON MEMORIAL
4401 RIVER CHASE DRIVE
PHENIX CITY AL
36867
334-732-3000

PATIENT NAME
LEACHMAN MICHAEL

ACCOUNT NO.
19 [REDACTED]

ADMIT DATE 6/04/14
DIS. DATE 6/07/14

PAGE
4

42894 GUARANTOR NAME/ADDR.
LEACHMAN MICHAEL
705 WEST 48TH STREET
SAVANNAH GA 31405

F/C INS. CO/PLANS
M MEDICARE A&E
MEDICAID GEORGI

POLICY #
25306 [REDACTED]
1119029 [REDACTED]

AGE
55

DR. NAME
WALDROP JOHN I

CHRG CODE	DESCRIPTION	QTY	UNIT PRICE	AMOUNT	CPT CODE
6/04/14 4421336	9% N SALINE INJ 100	1	6.00	6.00	
6/04/14 4421348	PRIMARY SET W/CLAVE	1	17.00	17.00	
6/04/14 4421495	SENSOR ADULT	1	28.00	28.00	
6/04/14 4422000	EXTENSION SET 18"	1	7.18	7.18	
6/04/14 4428155	BLANKET, BAIR HUGGER	1	27.00	27.00	
6/04/14 4429956	INTUBATING STYLET	1	83.00	83.00	
6/06/14 4421023	STOCKING KNEE L/MED	1	12.00	12.00	
6/06/14 4429949	TED HOSE	1	21.00	21.00	
6/04/14 4537015	INCENTIVE SPIROMETER	1	36.00	36.00	
6/05/14 4652498	PT INITIAL EVALUATIO	1	315.00	315.00	97001 GP
6/05/14 4657065	MOBILITY CURRENT STA	1	1.00	1.00	G8978 GP CJ
6/05/14 4657071	MOBILITY GOAL STATUS	1	1.00	1.00	G8979 GP CI
6/05/14 4658010	PT GAIT TRN I 1/4 HR	2	76.00	152.00	97116 GP
6/06/14 4654010	PT EXERCISE I 1/4 HR	1	87.00	87.00	97110 GP
6/06/14 4658004	PT ADL/FUNCT ACT 1/4	1	73.00	73.00	97535 GP
6/06/14 4658010	PT GAIT TRN I 1/4 HR	2	76.00	152.00	97116 GP
6/07/14 4658004	PT ADL/FUNCT ACT 1/4	1	73.00	73.00	97535 GP
6/05/14 4660100	OT INITIAL EVAL	1	214.00	214.00	97003 GO
6/05/14 4660109	ADL TRAIN/ADAP EQUIP	1	79.00	79.00	97535 GO
6/05/14 4660121	SELF CARE CUR STATUS	1	1.00	1.00	G8987 CJ GO
6/05/14 4660134	SELF CARE GOAL STATU	1	1.00	1.00	G8988 GO CI

** SUMMARY OF CHARGES **
 ** TOTAL CHARGES ** 52577.13
 ** TOTAL PAYMENTS ** .00
 ** TOTAL ADJUSTMENTS ** .00
 ** TOTAL AMOUNT DUE ** 52577.13

PRIMARY DIAGNOSIS : 99677

REV HIP REPL ACEFEM HD

SIGNATURE :

TAX I.D. : 331058243

PROVIDER # : 010168